

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38254

BIRTH NO. 60818-50		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9497	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmswick 1500			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital				d. STREET ADDRESS (If rural, give location) Meramec Meadows R #1			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) W.		c. (Last) BATTEFELD Jr.		4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH Sep't. 8, 1950	
9. AGE (in years last birthday) 0		10. MONTHS 0		11. DAYS 29		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Walter W. Battefeld Sr.				13b. MOTHER'S MAIDEN NAME Margaret F. Bittner		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Walter W. Battefeld Sr.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Malformation of Heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coarctation of Aorta DUE TO (c) Aortic Stenosis - Patent Ductus - Patent Foramen Ovale II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity Apprx 3 weeks			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 15 ft. H			
22. I hereby certify that I attended the deceased from Sept 8, 1950, to Nov 7, 1950, that I last saw the deceased alive on Nov. 2, 1950, and that death occurred at 5:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Savater				23b. ADDRESS 453 N. Taylor Ave		23c. DATE SIGNED Nov 7, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 8, 1950		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. Nov 8 1950		REGISTRAR'S SIGNATURE J. B. Savater		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Richard W. Stavesand

Signed

Student Embalmer

Licensed Embalmer No. *4007*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact, should be so stated above.